CAMPAIGN FINANCIAL DISCLOSURE STATEMENT

For State and Local Candidates For Single-Candidate Committees

DATE OF REPORT	2.a. NAME OF CA			
10-29-02	Chr	is Clem		
2.b. IF COMMITTEE, NAME OF CANDIDATE			3. ELECTION DATE	
			Nov. 5, 20	02
4.a. CAMPAIGN ADDRESS AND PHONE	011			
Street or Rural Route	City V -	State	Zip Code	Phone
138 S. Bragg Ave.	1	Mtn. TN	37350 (4)	23) 821-8464
 CANDIDATE'S HOME ADDRESS (if differen Street or Rural Route 	t than 4.a.) City	State	Zip Code	Phone
Same	ony	Ototo	Lip codo	1 Horio
 OFFICE SOUGHT (include district number, it 	applicable)	6. NAME OF POLITIC	AL TREASURER (may be ca	andidate)
state house, district	27	John.	Davis	
7. CATEGORY OR REPORT (Check one)				
	TO DOE OF WEDNIE	Closet of Men.		
☐ PRE-PRIMARY ☐ POST-PRIMARY	PRE-GENERAL	□ POST-GENERA	SUPPLEMENTAL	. AMENDED
8.a. BEGINNING DATE OF REPORTING PERIO	D	8.b. ENDING DATE OF		
9-16-02		10-26	-02	
9. (Check one)				
a. This campaign is exempt from detaile	ed disclosure because	e contributions (including	n-kind) received total \$1,000	or less AND expendi-
tures total \$1,000 or less for this repo				or rose rate experies
h III This compoles is required to file a de	tailed financial disclar	euro hocauso contribution	a (including in kind) received	total more than \$1,000
	tailed financial disclo	sure because contribution	s (including in-kind) received	total more than \$1,000
 b. This campaign is required to file a del and/or expenditures total more than \$ 	1,000 for this reporti	ng period.		
and/or expenditures total more than \$				
and/or expenditures total more than \$ 10. I/we do solemnly swear or affirm that the inf	formation contained in	n this campaign financial		
and/or expenditures total more than \$	formation contained in ons and expenditures	n this campaign financial required to be reported by	y the candidate committee b	y the Campaign
and/or expenditures total more than \$ 10. I/we do solemnly swear or affirm that the intaccurate accounting of campaign contribution	formation contained in ons and expenditures swear or affirm that r	n this campaign financial s required to be reported b no campaign contributions	y the candidate committee by have been expended for the	y the Campaign
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SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)	14. R	EPORT COVERIN	NG THE PERIOD
Chris Clem	FROM	9-16-02 TO	10-26-02
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)			
a. Unitemized Contributions (\$100 or less from each source this period	d)\$	0	
b. Itemized Contributions (over \$100 from each source this period)	\$	800	
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a	. and 15.b.)	\$	800
16. LOANS RECEIVED THIS REPORTING PERIOD		\$	0
17. INTEREST RECEIVED THIS REPORTING PERIOD		\$	0
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item	2.b.)	\$	800
DISBURSEMENTS			
19. EXPENDITURES (other than loan payments)			
a. Expenditures (\$100 or less each payee this period) (must be listed b	category - e.g., print	ting, postage, gas	soline)
Mocassin Bend Golf Tournament	\$ 65.25		
ATAT Wireless: cellphone	\$ 57.80		
Luther-Anderson: phone	\$ 5.33		
Frameworks: Frame certificale	s 98.81		
	s		
	\$		
	\$		
	\$		
	\$		
	-	-07 19	
Total of Expenditures (\$100 or less each payee)	\$	221,11	
b. Itemized Expenditures (Over \$100 each payee this period)	\$ <u>2</u>	,857,	21110
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and	d 19.b.)	\$	3,084.19
20. LOAN REPAYMENTS MADE THIS PERIOD		\$	
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in ite	m 12.c.)	\$	3,084.19
22.IN-KIND CONTRIBUTIONS			
a. Unitemized in-kind contributions (\$100 or less from each source this	period)\$	0	
b. Itemized in-kind contributions (over \$100 from each source this period	d)\$	0	
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add	22.a. and 22.b.)	\$	
23. OBLIGATIONS		Costs	
a. Unitemized Obligations Outstanding (\$100 or less each)	\$ _	0	
b. Itemized Obligations Outstanding (Over \$100 each)	\$	0	
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be	e shown i item 12.f.)	\$	0



ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	I Company			2. REPORT COVER	
	TO: 10-26-02 Amount				
3. TOTAL ITEMIZED CAMPAIGN CONTRIBU	0				
4. COMPLETE THE APPROPRIATE ITEMS FOR E	PARLANA A LANGE SECTION OF THE SECTI				
First Name	Middle Nan	ne	Contribution Received For:		Amount of Contribution
Last Name/Organization Name Tenn PAC			Primary Election	General Election	250,00
Address 107 Music City	Cir., :	ste.300	Runoff (Local Election		
City Nashville	State	Zip Code 37214	Date of Contribution(s)	72	Aggregate this Election
First Name	Middle Nam	00	Contribution Received For:		Amount of Contribution
Bank of America	PAC		Primary Election	General Election	100,00
One Nation Ban			Runoff (Local Election:	s Only)	7001
Nashville	State	Zip Code 37239	Date of Contribution(s)	02	Aggregate this Election
First Name	Middle Nan	ne	Contribution Received For.		Amount of Contribution
Last Name/Organization Name NRA PAC			☐ Primary Election ☑	0-000	
Address 11250 Waples	Mill	Road	Runoff (Local Election	250,00	
City Fairfax	State	Zip Code 22030	Date of Contribution(s)	2	Aggregate this Election
First Name	Middle Nam	18	Contribution Received For:		Amount of Contribution
TN Hotel Motel	PAC	_	Primary Election	200.00	
Address 644 West Iris	1	۲.	Runoff (Local Elections	TO MODERNING NO	
City Nashville	State	21p Code 372 04	Date of Contribution(s)	2	Aggregate this Election
First Name	Middle Nan	ne	Contribution Received For:		Amount of Contribution
Last Name/Organization Name			Primary Election		
Address			Runoff (Local Election		
City	State	Zip Code	Dete of Contribution(s)		Aggregate this Election
First Name	Middle Nam	ne	Contribution Received For:		Amount of Contribution
Last Name/Organization Name	1		Primary Election	General Election	
Address			Runoff (Local Election	s Only)	
City	State	Zip Code	Date of Contribution(s)		Aggregate this Election
TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages (If this is the last page of contributions, this amount must					800,00

ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMM					RING THE PERIOD			
Chris Mei	M			FROM: 9-110-0	2 TO: 10-26-02 Amount			
3. TOTAL ITEMIZED IN-KIND CONTR	RIBUTIONS FROM	PRECEDING PA	GE (enter \$0 if first itemized page	e)	0			
4. COMPLETE THE APPROPRIATE ITEM	IS FOR EACH ITEM!	ZED IN-KIND CON	TRIBUTION (in-kind contributions totaling	more than \$100 from any o	ontributor during the period)			
First Name	Middle Nar	ne		In-Kind Contribution Received For: Primary Election General Election				
Last Name/Organization Name	D118320		Runoff (Local Election	Runoff (Local Elections Only)				
Address			Date of In-Kind Contribution	Date of In-Kind Contribution				
City	State	Zip Code	Description of In-Kind Contributio	n				
First Name	Middle Nan	alessessamentensament Ye	In-Kind Contribution Receive	d For:	Value of In-Kind Contribution			
			Primary Election	General Election				
Last Name/Organization Name			Runoff (Local Electio	ns Only)				
Address			Date of In-Kind Contribution		Aggregate this Election			
City	State	Zip Code	Discription of In-Kind Contribution					
First Name	ne Middle Name			In-Kind Contribution Received For: Primary Election General Election				
Last Name/Organization Name			Runoff (Local Election	ins Only)				
Address			Date of In-Kind Contribution					
City	State	Zip Code	Description of In-Kind Contribution	1				
First Name	Middle Nan	ne	In-Kind Contribution Receive		Value of In-Kind Contribution			
Last Name/Organization Name				☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)				
Address			Date of In-Kind Contribution	Date of In-Kind Contribution Aggregate this Ele				
City	State	Zip Code	Description of In-Kind Contribution	1				
First Name	Middle Nar	ne	In-Kind Contribution Receive		Value of In-Kind Contribution			
Last Name/Organization Name			☐ Runoff (Local Election					
Address			Date of In-Kind Contribution	only)	Aggregate this Election			
City	State	Zip Code	Description of In-Kind Contribution	n				
First Name	Middle Nar	ne	In-Kind Contribution Receive		Value of In-Kind Contribution			
Last Name/Organization Name			Primary Election Runoff (Local Election	General Election				
Address			Date of In-Kind Contribution		Aggregate this Election			
City	State	Zip Code	Description of In-Kind Contributio	n				
5. TOTAL ITEMIZED IN-KIND CON	TRIBITIONS				The country of the state of the			
(Carry forward to item 3. of next page if add (If this is the last page of in-kind contribution	itional pages of this form		summary.)		0			

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	TO: 10-26-02			
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU	Amount O			
COMPLETE THE APPROPRIATE ITEMS FOR E			0 /	iod)
First Name	Middle Name	Purpose of Expenditure	enter of the factor of	Amount of Expenditure
Address	1855CC	Contribut for food	+ball	152,00
City Knoxville	State Zip Code 37996	1126		A STATE OF THE STA
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last NamerBusiness Name Friends of Jim Address 2610 Stoneso City Soddy-Daisy	Α Λ .	contribu	tion	1,000.00
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Will Wasdin Address 1110 Market 5tr City Chattanooga	state Zip Code TN 37401	printe	er	205,00
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
	OF GOVERNOR 0/27 Stale Zip Code TN 37068	contrib	oution	750,00
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name Committee to Ela Address 249 Sandy (City Lafollette	ect Mark Gioins Circle State Zip Code TN 37766	Contribu	tion	250,00
First Name	Middle Name	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name HEMI FOUR COUNTY RE Address 316 North MA City Chattanooga	publican Party rkt St- State Zip Code TN 37405	Contrib	ition	250.00
TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional page (If this is the last page of expenditures, this amount mu				2,607.00

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	^			2. REPORT COVER	TO: 10-26-02	
					Amount 2,607.00	
 TOTAL ITEMIZED CAMPAIGN EXPENDIT COMPLETE THE APPROPRIATE ITEMS FOR 				0 /		
	April Discountry	A STATE OF THE PERSON NAMED IN	A STATE OF THE PARTY OF THE PAR	o to any payee during the pe		
First Name	Middle Nar	ne	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name Committee to Elect	Jeri	ome Cochran	Contribu	+ ~	250,00	
Address 16 5. Main 5-	treet		Contribu	0001		
Address 116 5. Main 5- City Elizabethton	State	37643			The same of the same of the	
First Name	Middle Nar	me	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name				8		
Address						
City	State	Zip Code			Щ.	
First Name	Middle Na	те	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address			-			
City	State	Zip Code				
First Name	Middle Nar	ne ne	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name			1			
Address			†			
City	State	Zip Code	-			
First Name	Middle Na	те	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address						
City	State	Zip Code				
First Name	Middle Na	о б асположения выположения те	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address						
City	State	Zip Code				
TOTAL ITEMIZED EXPENDITURES (Carry forward to item 3. of next page if additional page)	ges of this form	are used.)			912,857.0	



el mersone

ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDAT	TE OR COMMITTE	E							COVER	RING THE PERIOD
Chri	5 (10	in					9	OM: -16-0;	2	TO: 10-26-02
3. COMPLETE THE APP	PROPRIATE ITEMS	FOR EACH	ITEMI	ZED LOAN	(loans totaling n	nore than \$10	0 from any source	during the pe	riod)	
Complete the Following for									200 (201 <u>00</u>	
First Name	Middle N	Middle Name			Outstanding Loan Balance Loans (Beginning of Period) Receive				Outstanding Loan Balance (End of Period)	
Last Name/Organization Name				0 0		(0	0		
Address				Loan Receiv		_		Date of Loa	n	
City	State	Zip Code		☐ Primar	Local Elections	Genera Only)	f Election			
	List All End	orsers or Guar	rantors f	or Above Loa	n (If more spa	ce is neede	d please attach	a page)		
First Name		Middle Nam	ne		First Name	Section 10			Middle	Name
Last Name/Organization Name					Last Name/Org	anization Na	me			
Address					Address					
City		State	Zip C	ode	City				State	Zip Code
Amount Guaranteed Outstanding)				Amount Guarar	nteed Outstan	ding		L	
First Name		Middle Nam	ie	kelinda v stopens	First Name Middle Name					Name
Last Name/Organization Name					Last Name/Organization Name					
Address					Address				- 22-11-11	
City		State	Zip C	ode	City				State	Zip Code
Amount Guaranteed Outstanding	1		-		Amount Guarar	nteed Outstan	ding			
First Name		Middle Nam	18		First Name	A VIOLETTA	3.79649107061	1000000740	Middle	Name
Last Name/Organization Name					Last Name/Organization Name					
Address					Address			-		
City		State	Zip C	ode	City				State	Zip Code
Amount Guaranteed Outstanding	1				Amount Guarar	iteed Outstan	ding		L	
First Name		Middle Nam	18		First Name			PRINCIPLE OF	Middle	Name
Last Name/Organization Name		1			Last Name/Org	anization Nar	ne			
Address					Address					
City		State	Zip Ca	ode	City				State	Zip Code
Amount Guaranteed Outstanding					Amount Guarar	rteed Outstan	ding			
4. Totals for all Loans (con				CHI SHIP HOUSE	Outstanding Lo	an Balance	Loans	Loar		Outstanding Loan Balance
(Total loans received should als (Total loan payments should als	so be shown in item 16. o so be shown in item 20. o	n summary page n summary page	t.)		(Beginning o		Received	Paym	ents	(End of Period)
(Total outstanding loan balance should also be shown in item 12.e. on front page.))	0	()	



ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVERING THE PERIOD					
3. COMPLETE THE APPROPRIATE ITEMS FO OBLIGATION (obligations totaling more than person/vendor at the end of the reporting per	R EACH \$100 ow		Outstanding Balance (Beginning of Period)	FROM: 9-16- Debt Incurred This Period	Payments This Period	0-26-02 Outstanding Balance (End of Period)
First Name	Middle Nar	те	AND THE RESIDENCE AND THE PROPERTY OF THE PERSON NAMED IN COLUMN	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT		
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Middle Na	me				
Last Name/Business Name			-			
Address						
City	State	Zip Code				
Description of Obligation		1				
First Name	Middle Na	me		and the same of the same of		
Last Name/Business Name			_			
Address			_			
City	State	Zip Code	_			
Description of Obligation	Cidio	24 0000				
Description of Obligation	F 15.50.57.5					
First Name	Middle Na	me				
Last Name/Business Name			7			
Address			7			
City	State	Zip Code				
Description of Obligation						
First Name	Middle Na	me	THE PART OF	AND DESCRIPTION ASSOCIA		
Last Name/Business Name			-			
Address						
City	State	Zip Code				
Description of Obligation						
4. TOTALS	nerage					
(Total from Outstanding Balance - (End of Period) o in item 23b. on summary page.)	olumn mu:	st also be shown		0		0